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**INTRODUCTION & OBJECTIVES:** Postoperative erection of the corpora cavernosa remnants presents one of possible complications in male to female transsexual surgery. To prevent this complication, we introduced a complete disassembly of all penile entities, providing ideal exposure of the corpora cavernosa for their removal at the level of attachment to the pubic rami. However, in cases with more extensive tissue remnants, a radical surgical approach is necessary to reach the leftover erectile tissue and completely remove it from the pubic bones.

**MATERIAL & METHODS:** Between September 2007 and December 2012, 28 patients aged from 23 – 52 years, underwent evaluation and repair, following previous sex reassignment surgery. Simple examination usually revealed remaining erectile tissue after primary procedure that included incomplete penectomy. Depending on the length of the remnants, patients reported inability to engage in sexual intercourse, painful sexual arousal, unusual mass around the clitoris and unclear sensation deep in the pelvis. Surgery was performed under pharmacological erection induced by Prostaglandin E1 into the remnants of corpora cavernosa. It enabled full erection and easier dissection from surrounding structures and prevented possible injury of the urethra or clitoral neurovascular bundle. Meticulous dissection with complete removal of the corporal remnants was achieved in all cases, with minimal morbidity or complications. For better esthetical result, reshaping of the clitoris, reconstruction of the labia and removal of previously formed scar formation was performed as a part of this procedure.

**RESULTS:** Mean follow-up was 32 months (ranged from 6 to 70 months). Complete removal of the corpora cavernosa remnants was achieved in all patients. Length of removed corpora cavernosa ranged from 5 to 9 cm. Good esthetic results were achieved in 25 patients. Three patients reported partial wound dehiscence, which was repaired in one case with minor surgery and in other patients healed by secondary intention. Sexually active patients (21 patients) reported satisfying sexual arousal, and no difficulties in vaginal penetration.

**CONCLUSIONS:** Dealing with complications after male to female transsexual surgery poses big challenges for the reconstructive surgeons. Radical approach with complete removal of the remaining corpora cavernosa presents a mandatory procedure in the management of this issue.